
PRESENTENCE REPORT INSTRUCTIONS

The Court has ordered the United States Probation Office to prepare a Presentence Report in your case. This report will contain information regarding the offense and your background; and it will conclude with the probation officer's recommendation as to an appropriate sentence.

To ensure the Court's sentence will be based on reliable information, it is essential you fill out the attached forms completely and accurately. After completing the forms, you will be interviewed by a United States Probation Officer. Please **give these completed** forms to the probation officer when you see him/her.

The Presentence Report will be available to your attorney a few weeks prior to your sentencing date. You have a right to review the entire Presentence Report with your attorney before sentencing.

- ADDITIONAL INSTRUCTIONS -

1. **Worksheet for Presentence Report (Prob1) Form** – Please complete the attached worksheet to the best of your ability. If you need additional space, use the blank pieces of paper provided.
2. **Authorization to Release Forms** – Review and sign the attached "Authorization to Release" forms.
3. **Financial Forms** – Your financial statement is extremely important. Please fill out the attached financial forms completely and accurately. It will help determine any fine you may be ordered to pay.
4. **Character References** – Character reference letters or telephone calls from persons in the community who know you well will be welcomed by the probation officer.
5. **Statement of the Offense** – You are encouraged to submit a written statement to the probation officer explaining your involvement in the present offense. In many instances, your statement will be reproduced in the Presentence Report exactly as you have written it. Since this is one of your best opportunities to make your views known to the Court, be thorough and specific in your statement.
6. **Papers** – Please furnish us with any of the following papers that pertain to you:
 - Birth Certificate
 - School Diplomas
 - Proof of Residence (rent receipts, property and mortgage papers, etc.)
 - Military Discharge Certificate
 - Marriage Certificate
 - Divorce Decree
 - Social Security Number
 - Income tax reports for the last three years
 - Supplemental Social Security Income and Unemployment Benefits
 - Employment Verification (pay stubs)
 - Immigration Papers (certificates, license, or permit)
 - Car Registration Papers
 - Medical Reports (if presently under a doctor's care)

WORKSHEET FOR PRESENTENCE REPORT

UNITED STATES DISTRICT COURT

Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT

(See Publication 107 for Instruction)

Defendant's Court Name:	Last Name:	First Name:	Middle Name:	Generation:
Defendant's True Name:	Last Name:	First Name:	Middle Name:	Generation:
District:	Eastern District Of California	Docket/Dft. No.:		
Judge/Magistrate:		Sentence Date:		
Assigned Officer:		Arrest Date:		

Assistant U.S. Attorney	Defense Counsel

Defendant Identifying Data				
Date of Birth:	Age:	Race:	Hispanic Origin:	
Sex:	FBI:	SSN:	State ID No.:	
Register/Marshal's No.:	ICE No.:	No. of Dependents:		
Country of Birth:	Citizenship:			
Country of Citizenship:	Immigration Status:			
Place of Birth:	Height:	Weight:	Eye Color:	Hair Color:

Identifying Marks:

Defendant Names: (list every name defendant has ever used)

Defendant's Current Residential Address			Defendant's Current Legal Address		
Address: (line 1)			Address: (line 1)		
Address: (line 2)			Address: (line 2)		
City:	State:	Zip Code:	City:	State:	Zip Code:
Residence Phone No.:	Mobile Phone No.:	Pager Phone No.:	E-Mail Address:		

Referral Date:

Interview Date:

CHARGES AND CONVICTIONS

Type of Charging Document:		Superseding? <input type="checkbox"/>		Date Information/Indictment filed:	
Date of Conviction:		Convicted by: Guilty Plea/Plea of Nolo Contendere <input type="checkbox"/> Court Trial Verdict <input type="checkbox"/> Jury Trial Verdict <input type="checkbox"/>			

	Title	Section/Subsection	Offense Level	Description

RELEASE STATUS

In Federal Custody Since:		In Non-Federal Custody Since:	
Date Released on Bond:	Type of Bond 1:	Amount of Bond:	PTS Supervision? NO

DETAINEES

No Detainers: ☐

	Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

No Codefendants: ☐

	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.

RELATED CASES

No Related Cases: ☐

	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.

PLEA AGREEMENT

Type of Plea Agreement: None ☐ Written ☐ Oral ☐ Substantial Assistance Motion: ☐ (check if applicable)

Was Agreement: Accepted ☐ Deferred ☐ Binding ☐

Notes:

VICTIM IMPACT

No Loss: ☐

	Company/Corporation Name or Victim Name	Financial Loss	Company/Corporation Address or Victim Address	City	State	Zip Code	Phone
	Loss to all victims:						

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's Statement Regarding Offense:

The defendant has no Criminal History. ☐

[illegible]

PENDING CHARGES AND SUPERVISION

The defendant has no pending charges. ☐

	Date of Arrest	Charge/Conviction	Case No.	Court	City	State	Date Sentence Imposed	Disposition	Rep. by Counsel Waived?

The defendant is not currently under supervision. ☐

If yes, what type of supervision is the defendant under?

Diversion ☐ Parole ☐ Probation ☐ Escape Status ☐ Supervised Release ☐ In Custody ☐

Name of Jurisdiction:

Supervising Officer's Name:

Supervising Officer's Telephone Number:

DEFENDANT

Residential History: (List every town or city where the defendant has lived.)

PARENTS AND SIBLINGS

Fill in the information for each parent and sibling. If the child has a stepfather or stepmother, include the stepfather's name in the space provided for Father and Mother. If the child has a stepbrother or stepsister, include the stepbrother's name in the space provided for Brother and Sister. If the child has a half brother or half sister, include the half brother's name in the space provided for Brother and Sister. If the child has a half brother or half sister, include the half brother's name in the space provided for Brother and Sister.

	Name	Relationship	Age	Address/Telephone Number	Occupation
		Father			
	Current: Maiden:	Mother			

Notes regarding family history; identify any significant problems.

MARITAL HISTORY

Current Marital Status: Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Unknown ☐ Widowed ☐

	Name	Marital Status	Citizenship	Address/Telephone No.	Dates of Marriage	No. of Children
	Current:					

CHILDREN

The defendant has never had any children. ☐

	Name of Child	Name of Other Parent of Child	Age	Custody/Support	Address/Telephone No.

Note health problems, criminal history, substance abuse, or any other significant information.

PHYSICAL CONDITION

Health and Wellness Status

- ☒ None. The defendant has no history of health problems.
- ☐ Minor medical problems only.
- ☐ Significant medical disorder (under control but follow-up care required).
- ☐ One or more chronic or recurrent medical problems.
- ☐ Uncontrolled significant disorder.
- ☐ Diagnostic evaluation or specific treatment in progress.
- ☐ Unknown.

List the dates and nature of any serious or chronic illness and medical conditions.

List all current prescriptions.

Name, address and telephone number of the defendant's physician.

Name:

Address/Telephone No.:

MENTAL AND EMOTIONAL HEALTH

Mental Health Status (check all that apply)

- ☐ No evidence of a current or past mental health condition.
- ☐ History of a mental health condition, no active symptoms.
- ☐ Mental Health condition requiring ongoing treatment.
- ☐ Has been in therapy within the last 12 months for a mental health condition.
- ☐ Currently taking medication for a mental health condition (psychotropic drug).
- ☐ Has seen a physician within the last 12 months for a mental health condition.
- ☐ Has been hospitalized within the last 24 months for a mental health condition.

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment.

List the dates of any mental health treatment and the name, address and telephone number of the mental health treatment provider.

	Dates of Treatment	Name of Provider	Address/Telephone No.

SUBSTANCE ABUSE

Substance Abuse Status

- ☐ No substance abuse/dependence history.
☐ Sustained remission. (greater than 12 months of abstinence following a history of substance abuse or dependence)
☐ Early remission. (greater than one month, but less than 12 months of abstinence following history of substance abuse or dependence)
☐ Actively abusing substances. (does not meet criteria for dependence, but has abused substances in the past month)
☐ Actively dependent on substances. (TCU greater than 2 or has abused substances in the past month and meets three of the following: 1) Tolerance; 2) Withdrawal; 3) Taken in larger amounts and over longer period than intended; 4) Desire or unsuccessful effort to reduce or control usage; 5) Great deal of time is spent on trying to obtain, use, or recover from use; 6) Social, recreational or occupational activities are given up because of substance use; 7) Substance use is continued despite the knowledge of having a problem.

Age Drug Use Began:

Drug Use	Current	History of	Rank	Last Used	Frequency Used
Alcohol Social Drinking Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>			
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>			
Cannabinoids	<input type="checkbox"/>	<input type="checkbox"/>			
Club/Designer Drugs (include Ecstasy, GHB)	<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens (PCP, LSD)	<input type="checkbox"/>	<input type="checkbox"/>			
Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Opiates	<input type="checkbox"/>	<input type="checkbox"/>			
Other Drug:	<input type="checkbox"/>	<input type="checkbox"/>			
Substance Abuse Treatment History (check all that apply)	Current	History of			
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>			
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>			
Self-Help (AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>			
Confined Treatment Program (BOP)		<input type="checkbox"/>			

List the dates of any substance abuse treatment and the name, address and telephone number of the substance abuse treatment provider.

	Dates of Treatment	Name of Provider	Address/Telephone No.

Describe in detail the defendant's history of substance abuse and treatment. (overdose, daily cost to support habit, frequency and quantity of use)

EDUCATION AND VOCATIONAL SKILLS

What is the highest academic level achieved by the defendant?

Date Education Obtained:

SCHOLASTIC HISTORY

	Name of School (List most recent first)	Address	City	State	Zip Code	Start Date	End Date	Degree, Diploma or Certificate Received

ENGLISH LANGUAGE SKILLS

- ☐ Fluent in English as primary language
☐ Fluent in English as secondary language
☐ Limited Fluency in English
☐ No Fluency in English
☐ Mute- Fluent in international sign language
☐ Mute- Limited or no fluency in international sign language
☐ Unknown

Primary Language:

Other Primary Language:

VOCATIONAL TRAINING/SKILLS (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Architecture and Engineering
<input type="checkbox"/> Arts, Design, Entertainment and Media
<input type="checkbox"/> Child/Adult Care
<input type="checkbox"/> Community and Social Services
<input type="checkbox"/> Computers and Mathematics
<input type="checkbox"/> Construction and Extraction
<input type="checkbox"/> Cosmetology/Barber
<input type="checkbox"/> Data Processing
<input type="checkbox"/> Education, Training, Library Science
<input type="checkbox"/> Farming, Fishing, Forestry
<input type="checkbox"/> Finance
<input type="checkbox"/> Food/Lodging Services
<input type="checkbox"/> Healthcare
<input type="checkbox"/> Janitorial/Cleaning Services | <input type="checkbox"/> Laborer
<input type="checkbox"/> Landscape/Ground Maintenance
<input type="checkbox"/> Legal
<input type="checkbox"/> Life, Physical and Social Science
<input type="checkbox"/> Management
<input type="checkbox"/> Military Service
<input type="checkbox"/> Office/Clerical/Administrative Support
<input type="checkbox"/> Production/Assembly
<input type="checkbox"/> Sales
<input type="checkbox"/> Tradesman (Electrician/Plumber/Mechanic)
<input type="checkbox"/> Transportation and Material Moving
<input type="checkbox"/> Other: |
|---|---|

Does the defendant have any professional license(s)? ☐ Yes ☐ No

If yes, what license(s)?

MILITARY

<input type="checkbox"/> None.	Branch of Service:	Service Number:	Date Entered:	Date Discharged:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim No.:

Describe the defendant's military service. Describe any court(s) martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any previous VA claims.

CURRENT EMPLOYMENT/UNEMPLOYMENT

Defendant's usual occupation: _____				
Is defendant currently unemployed? <input type="checkbox"/> Yes		Excused Due To:		
Start Date of Unemployment: _____		<input type="checkbox"/> Caregiver	<input type="checkbox"/> Long-Term Treatment	
		<input type="checkbox"/> Court Order	<input type="checkbox"/> Retired	
		<input type="checkbox"/> Disabled	<input type="checkbox"/> Student	
		<input type="checkbox"/> Homemaker	<input type="checkbox"/> Other _____	
Company Name: _____ <input type="checkbox"/> Self-Employed?		Address (Street): _____		
Start Date:	Phone No.:	City:	State:	Zip Code:
		County: _____		
Hours per week:	Occupation:	Gross Income for this Employment:		
Job Title:				
How Long Employed?	Work Hours:			
Supervisor's Name:				
Supervisor's Phone:	Supervisor Cell/Pager No.:	Supervisor's Email:		

EMPLOYMENT/UNEMPLOYMENT HISTORY

#	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving

	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving

Summarize any employment history over 10 years old.

Notes:

AUTHORIZATION TO RELEASE FORMS

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

INFORMATION RELEASED BY:		INFORMATION RELEASED TO:	
Name		Name	
Organization		Organization U.S. Courts - United States Probation Office	
Address		Address	
City, State, Zip Code		City, State, Zip Code	
SUBJECT OF RECORD			
Name		Date of Birth	
Address		Identifying Number (PACTS #)	
City, State, Zip Code			
Specific Records Authorized for Release (Include dates of records, if applicable.)			
TO PRIVATE PERSON OR ORGANIZATION			
<input checked="" type="checkbox"/> Employment			
<input checked="" type="checkbox"/> Educational Records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)			
<input checked="" type="checkbox"/> Medical Records			
<input checked="" type="checkbox"/> Psychological and Psychiatric Records			
Purpose or Need for Release of Information (Be specific.)			
<input checked="" type="checkbox"/> This information is to be obtained for the purpose of conducting a presentence investigation and making a report.			
<p>I understand that I may revoke this authorization in writing at any time, except where information has already been released as a result of this authorization. Unless revoked, this authorization will remain in effect until the expiration time I have indicated and initialed below.</p> <p><input checked="" type="checkbox"/> Authorization expires as of <u> the date sentence is final </u></p> <p><input type="checkbox"/> Authorization expires <u> </u> month(s) from signature date.</p> <p><input type="checkbox"/> Authorization expires <u> </u> month(s) from signature date.</p>			
As evidenced by my signature below, I hereby authorize disclosure of records to the person(s) or agency(s) as specified above.			
Signature of Subject of Record		Date	
Signature of Other Legally Authorized Person (if applicable)		Date	
Relationship to Subject of Record			

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT PROGRAMS**

I, _____, the undersigned,
(Name of Client)

hereby authorize _____ to release confidential
(Name of Program)

information in its records, possession, or knowledge of whatever nature may now exist or come to exist to the United

States Probation Office of the Eastern District of California.
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be **used in connection with the preparation of a court-ordered report.**

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court.

I understand that this authorization is valid until I have been sentenced and my sentence is final, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. **I also understand that revoking this authorization before the completion of the presentence investigation will be reported to the court.**

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

Original to DAP File
CC: DAP/MH Provider/Vendor

WARNING STATEMENT

This information has been disclosed to you from records whose confidentiality is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is *not* sufficient for this purpose.

**AUTHORIZATION
TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION
TO PROBATION OFFICER**

I, _____, the undersigned, hereby waive my
rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the United
States Probation Office of the _____ **Eastern** _____ District of _____ **California** _____,

or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files
or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees
fit to convey, either orally or in writing, to the aforementioned Probation Office.

I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure, or of any
rights I may have to an accounting of such disclosure to the aforementioned Probation Office.

I understand that this authorization will be used by the aforementioned Probation Office to request
disclosure of information pertaining to me from any or all federal or state agencies.

This information is to be obtained **for the purpose of conducting a presentence investigation and
making a report** or for supervision.

Regarding protected health information, I understand that this authorization is valid until my release
from supervision, at which time this authorization to use or disclose this information expires. I understand that
information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer
be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in
writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release
confidential information, I will thereby revoke my authorization to further disclosure of such information. I also
understand that revoking this authorization before I satisfy the condition of my supervision that requires this
information will be reported to the court. My revocation of authorization under such circumstances could be
considered a violation of a condition of my post-conviction supervision.

Authorizing Signature (full name)

Full Name (printed or typed)

Date

Parent/Guardian Signature, if Required

Attorney Signature, if Available

WITNESS —

Probation Officer

Date

PROB 11A
(9/77)

UNITED STATES DISTRICT COURT
FEDERAL PROBATION SYSTEM

AUTHORIZATION TO RELEASE CONFIDENTIAL MILITARY INFORMATION

NAME (Last, First, Middle)	DATE OF BIRTH	DATE SIGNED
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The above named individual is a defendant before the U.S. District Court for the Eastern
District of California

The requested documents are necessary to complete an official report ordered by this court.

I authorize release to the United States Probation Office all confidential records and information concerning me, including any information contained in a system of records of a government agency or other agencies and facilities subject to the Privacy Act or similar restrictions.

This authorization shall remain in effect until it is revoked in writing.

	_____ (Signature of Defendant)	_____ (Date)
<i>WITNESS:</i>	_____ (Signature of Probation Officer)	_____ (Date)

AUTHORIZATION FOR RELEASE OF MILITARY MEDICAL PATIENT RECORDS (Drug Rehabilitation)

The National Personnel Records Center, General Services Administration, is hereby authorized to release copies of my military medical treatment records as described below.

NAME OF PERSON AUTHORIZED TO RECEIVE RECORDS

NAME AND ADDRESS OF FACILITY TO RECEIVE RECORDS

U.S. Courts - U.S. Probation Office

PLACE WHERE TREATMENT OCCURRED	APPROXIMATE PERIOD OF TREATMENT
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SPECIFIC TYPE OF TREATMENT INVOLVED

Request all confidential information to include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; date of and reason for withdrawal from program; and prognosis.

PURPOSE FOR WHICH RECORDS ARE NEEDED

This information is to be obtained for the purpose of conducting a presentence investigation and making a report.

THIS AUTHORIZATION EXPIRES WITHOUT EXPRESS REVOCATION 12 MONTHS FROM THE FOLLOWING DATE.

DATE	SIGNATURE OF INDIVIDUAL WHOSE RECORDS ARE REQUESTED
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FINANCIAL FORMS – PRESENTENCE

In order to assist in the preparation of the Presentence Report, it is necessary that you provide all of the information specified below.

Sign and date this cover page, indicating that you have reviewed it in its entirety. Return this cover page and all completed forms and supporting documentation to this office within 14 days of the date of your conviction.

1. Please complete, sign, and date the enclosed Net Worth Statement (Prob48). Initial and date each page.
2. Please submit all specified information as indicated in the Request for Net Worth Statement Financial Records (Prob48A).
3. Please complete, sign, and date the enclosed Monthly Cash Flow Statement (Prob48B). Initial and date each page.
4. Provide all documentation as noted in the attached Request for Monthly Cash Flow Statement Financial Records (Prob48C). Please reference the attached document, Non-Allowable Expenses, a non-exclusive list which identifies items that will not be considered acceptable expenses or liabilities.
5. Please sign and date the enclosed Customer Consent and Authorization for Access to Financial Records for Presentence Report (Prob48E) so that your credit history or other financial information may be obtained.
6. Self-Employment – If applicable, please submit all specified information as indicated in the Request for Self-Employment Records (Prob48F).
7. Self-Employment – If applicable, please complete, sign, and date the enclosed Data Sheet for the Self-Employed (Prob48F1).

NOTE: ALL ABOVE REQUESTED INFORMATION AND FORMS ARE TO BE COMPLETED UNDER PENALTY OF PERJURY.

(Defendant's Signature)

(Date)

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by an offender, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name - _____

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS

BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, ROTH IRA's, Thrift Savings, 401K, etc.)

I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value

MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)

I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Initials _____ Date _____

Last Name -

LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)

I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow

SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)

I/J S/D	Name and Address of Box or Facility Location	Box Number or Space	Contents	Fair Market Value

MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)

I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value

REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)

I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value

MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)

I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?

Initials _____ Date _____

Last Name -

OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, musical instruments, collectibles, antiques, home furnishings, copyrights, patents, etc.)

I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value

ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)

I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)

TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)

I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets

BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).

I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Initials _____ Date _____

Last Name -

INCOME TAX RETURNS

Type of Income Tax Return Filed	Last Filing Year	Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer
Individual (Form 1040)		
Partnership/Limited Liability Company (Form 1065)		
Corporation (Form 1120)		
S Corporation (Form 1120S)		

TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$1,000.00. Also list any assets that someone else is holding on your behalf.)

I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer

NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)

Name of Business	Names of Shareholders/Partners	Ownership Interest Percentage

Initials _____ Date _____

Last Name - _____

ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)

Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county and state)

PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)

Initials _____ Date _____

Last Name - _____

LIABILITIES

CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)

I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment

OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)

I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment

PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)

I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance

BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)

I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

OFFENDER'S FULL NAME

DOCKET NUMBER

All entries on the Net Worth Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below that are applicable to your financial statements, along with your completed Net Worth Statement by the close of business _____.

ASSETS

Section A – Bank Accounts

- ◆ Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, IRA, ROTH IRA, KEOGH, 401K, or thrift savings account) for a three-month period.

Section B – Securities

- ◆ Most recent securities account statements (e.g., brokerage, annuities, life insurance) for a three-month period.

Section C – Notes & Accounts Receivable

- ◆ Copy of signed note receivable.

Section D – Life Insurance

- ◆ Copy of all life insurance policies (e.g., whole life, variable life, term).

Section E – Safe Deposit Boxes or Storage Facilities

- ◆ Copy of most recent rental invoice for all safe deposit boxes or storage facility rentals within the past year, including receipts or verification of content value.

Section F – Motor Vehicles

- ◆ Copy of vehicle registration and title for all vehicles owned or leased.

Section G – Real Estate

- ◆ Copy of purchase agreement, deeds, and escrow statement for all real property.

Section H – Mortgage Loans Owed To You

- ◆ Copy of the sales agreement and escrow statement for all real property.

Section I – Other Assets

- ◆ Copy of purchase invoice and appraisal (if already previously obtained), and documentation to verify the fair market value of the asset.

Section J – Anticipated Assets

- ◆ Copy of documentation to verify future receipt of anticipated asset, (e.g., claim or lawsuit filings, profit sharing plan and current statement, pension plan and current statement, inheritance documents, copy of all trusts, trust income tax returns), and most recent accounting reflecting the value of your interest and income from the trust.

Section K – Business Holdings

- ◆ In addition to providing the information requested in Section K and completing Section N, provide copies of all income tax returns for each business you had an ownership interest in (e.g., shareholder, partner, proprietor) or an affiliation with (e.g., officer, director, board member, agent, associate) within the last five years. Also provide all financial statements for each business, prepared by you or your accountant, within the past five years.

Business Accounts Receivable

- ◆ Copy of current month's billing statements that verify business accounts receivable.

Business Accounts Payable

- ◆ Copy of current month's vendor invoices that verify business accounts payable.

Section L – Income Tax Returns

- ◆ Copy of the five most recent years' income tax returns filed for: Individual (Form 1040), Partnership (Form 1065), Corporation (Form 1120), S Corporation (Form 1120S), and Limited Liability Company (Form 1065). Be sure to include all related schedules and forms. Provide a written explanation for any returns not filed.

Section M – Transfer of Assets

- ◆ Copy of the bill of sale, documentation of funds received from sale (e.g., a personal or business check, cashier's check or money order), copy of vehicle registration and title of sold vehicle, and escrow closing statements for any real estate sold since the date of your arrest.

Section N – Names of Shareholders or Partners

- ◆ Copy of Articles of Incorporation for all corporations you own or have an interest in. Copy of partnership agreement for all partnerships you have an ownership interest in.

Section O – Assets You Will Liquidate

- ◆ Assets available for payment of criminal monetary penalties

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

LIABILITIES

Section A – Charge Accounts

- ♦ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Section B – Other Debts

- ♦ Copy of all notes payable, mortgage loans, current statement of delinquent taxes due, and statements documenting child support/alimony obligations and payment history.

Section C – Party to Civil Suit

- ♦ Copy of all civil suit filings and judgments.

Section D – Bankruptcy Filings

- ♦ Copy of all bankruptcy filings including petition, financial statements submitted, final judgment and order of discharge.

OTHER RECORDS REQUESTED

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

U.S. Probation Officer _____ on _____ Date

at _____ Office Location _____
Time _____

Telephone _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663 (a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by an offender; liabilities, and the financial needs and earning ability of an offender and an offender's dependents are all relevant to the court's decision regarding an offender's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name -		
MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Food stamps and unemployment compensation))		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Other In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Public Transportation (List monthly amount paid for public transportation.)	
Car Payments (List all payments made to purchase or lease vehicles.)	
Commuting Expenses (List monthly amount paid for gasoline, tolls etc.)	
Auto Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Health Insurance (List the monthly amount paid for homeowner/rental.)	
Homeowner/Rental Insurance (List the monthly amount paid for homeowner/rental insurance.)	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all minimum monthly credit card or charge card payments.)	
Medical (List all expenses not covered by insurance.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Criminal Monetary Penalty (List all monthly payments for court-ordered criminal monetary penalties.)	
Court-ordered Costs (List the total monthly payments made for location monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: \$ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____

Date _____

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Cash Flow Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below are applicable to your financial statements, along with your completed Cash Flow Statement by the close of business _____.

MONTHLY CASH INFLOWS

Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return.
Copy of all pay stubs for the most recent one-month period.

Cash Advances

- ◆ Copy of all pay stubs documenting cash advances.

Cash Bonuses

- ◆ Copy of all pay stubs documenting cash bonuses, and copy of related 1099

Commissions

- ◆ Copy of all 1099 forms submitted with the prior year income tax return.

Business Income

- ◆ Copy of the past six monthly financial statements of all businesses owned

Interest/Dividends

- ◆ Copy of most recent earnings statement from a financial institution (e.g.,

Rental Income

- ◆ Copy of lease rental agreement, copy of monthly rental check received, and

Trust Income

- ◆ Copy of the monthly trust income check, copy of the trust agreement, and a

Alimony/Child Support

- ◆ Copy of divorce decree, copy of payments received, and statements

Social Security

- ◆ Copy of most recent Social Security check and most recent benefits

Other Government Benefits

- ◆ Copy of most recent government subsidy check (e.g., unemployment

Pensions/Annuities

- ◆ Copy of pension/annuity check, copy of most recent pension plan activity

Allowances (housing, auto, travel)

- ◆ Copy of related pay stub, 1099 form for prior year, and possibly a letter

Gratuities/Tips

- ◆ Copy of current month's pay stubs, letter from employer estimating monthly gratuities earned, and W-2 form for the prior year.

Spouse (Significant Other's) Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return.
Copy of all pay stubs for the most recent one-month period.

Other Joint Spousal Income

- ◆ Documentation verifying any monthly income jointly earned with the spouse or significant other, (e.g., income from the spouse or significant other or income from a business owned or controlled by the spouse or significant other, that the offender has a joint ownership interest in, or controls).

Income of Others in the Home

- ◆ Verification of the monthly earnings of all others living in the offender's household (e.g., all pay stubs for the prior month, W-2 forms, and 1099 forms for the prior year), paid receipts or canceled checks for necessary monthly household expenditures (e.g., for food, room rental, telephone, transportation, etc.) actually paid by this person on behalf of the offender.

Gifts From Family

- ◆ A signed and dated statement from the family member who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Gifts From Others

- ◆ A signed and dated statement from the person(s) who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any. Gifts over a certain amount require tax forms declaring the income.

Loans From Your Business

- ◆ Copy of the past six monthly financial statements of all businesses owned or controlled by the offender that loaned money to the offender, including a detailed schedule of the "Loans To Shareholder/Owner" or "Due From Shareholder/Owner" general ledger accounts.

Mortgage Loans

- ◆ Copy of all mortgage checks received during the prior month, 1099 forms submitted with the prior year tax return, and copy of the sales agreement and escrow statement for all mortgage loans owed to the offender.

Other Loans

- ◆ Copy of loan documentation and copy of all loan checks received during the prior month.

Other (specify)

- ◆ Documentation verifying the source of all other monthly cash inflows (not yet disclosed or reported in these financial statements) and copy of all related monthly checks received.

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS (cont.)

NECESSARY MONTHLY CASH OUTFLOWS

Rent or Mortgage (including taxes)

- ◆ Copy of apartment rental lease agreement or home mortgage, most recent mortgage statement, and verification of payment.

Groceries (# of people)

- ◆ Purchase receipts for the past month.

Utilities

- ◆ Copy of most current utility bills (e.g., electric, heating oil/gas, water/sewer, telephone, and basic cable).

Public Transportation

- ◆ Receipts of amount paid.

Car Payments

- ◆ Receipts for car lease or purchase payments.

Commuting Expenses

- ◆ Receipt for gasoline/motor oil, tolls, etc.

Insurance

- ◆ Copy of most current insurance bills for all types of insurance (auto, health, homeowners).

Clothing

- ◆ Purchase receipts with corresponding canceled checks.

Loan Payments

- ◆ Copy of loan statements for all loans. Also, provide a copy of any financial statements submitted to obtain credit in the past three years.

Credit Card Payments

- ◆ Copy of most current billing statement for all charge accounts (e.g., credit

Medical

- ◆ Documentation of medical expenses (e.g., billing statements, payment

Alimony/Child Support

- ◆ Copy of divorce decree and statements documenting child support/alimony obligations with payment history.

Criminal Monetary Penalty

- ◆ Receipt of monthly payment

Court-Ordered Costs (electronic monitoring, drug/mental health treatment)

- ◆ Verification of payments, along with statement from the service provider

Other (specify)

- ◆ Specific receipts, billing statements.

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer *Date*

at _____ Office Location
Time

Telephone _____

**CUSTOMER CONSENT AND AUTHORIZATION
FOR ACCESS TO FINANCIAL RECORDS
FOR PRESENTENCE REPORT**

I, _____, having read the explanation
(Name of Customer)

of my rights, which is attached to this form, and having been convicted in the U.S. District Court, in accordance with Rule 32(d)(2)(A)(ii) (and 18 U.S.C. § 3664(d)(3) when restitution may be imposed), hereby authorize the

CBC Innovis and Credit Agencies: Equifax, TransUnion, Experian
(Name and Address of Financial Institution or Credit Agency)

to disclose the following financial records:

All credit information available, including credit profile reports, address verification,

Social Security verification, or business information

to _____, an officer of the
(Name of Probation Officer Allowed Access)

U.S. District Court for the **Eastern District of California - U.S. Probation Office**,
(Name of District Court)

to obtain information on assets I own or control, fully describing my financial resources to the United States probation officer for the purpose of preparing a presentence investigation report.

I understand that this authorization may be revoked by me in writing at any time before my records, as described above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my signature. I understand further that my authorization cannot be required as a condition of my doing business with the above-named financial institution.

(Date)

(Signature of Customer)

(Social Security Number of Customer)

(Date of Birth of Customer)

(Address of Customer)

(City/State/Zip Code)

Section 1104(a) of the Right to Financial Privacy Act, 12 U.S.C. § 3404(a).

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

Consent to Financial Records

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

Without Your Consent

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

Exceptions

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

Transfer of Information

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

Penalties

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.

REQUEST FOR SELF-EMPLOYMENT RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

In order to verify your self-employment, you are required to furnish all of the records below that are applicable to you and your business to the probation office by the close of business _____.

- | | |
|---|---|
| <ul style="list-style-type: none">◆ Business Bank Statements for all businesses for the past six months (along with canceled checks).◆ All Business Income Tax Returns for the past five years (including Corporation Form 1120, S Corporation Form 1120S, Partnership Form 1065, Limited Liability Company Form 1065, or Sole Proprietor Form 1040 Schedule C), along with all accompanying forms and schedules.◆ All Annual Financial Statements for the past five years.◆ Most Recent Monthly and Quarterly Financial Statement.◆ Quarterly Estimated Tax Payments (Form 1040-ES or Form 8109 for corporations) for the current year.◆ Occupational Business License for the current year.◆ Articles of Incorporation for all corporations you own or have an interest in.◆ Partnership Agreement for all partnerships you have an ownership interest in.◆ Sales Tax Returns (monthly, quarterly) for the past 12 months.◆ Property Tax Returns (inventory, personal property) for the past year. | <ul style="list-style-type: none">◆ Payroll Tax Returns (quarterly, annually) for the current year, if you presently have or have had employees during the current year.◆ List of Business Customers (to whom your business sells goods or provides services).◆ List of Business Vendors (who supply the needed raw materials to produce products or provide services).◆ Billing Statements (to collect money from your customers) and Vendor Invoices (to pay bills to your suppliers) for the past six months.◆ Real Estate Escrow Statements and Real Estate Leases for all businesses you own or have an interest in.◆ Equipment Purchase Agreements or Leases for all businesses you own or have an interest in.◆ Business Insurance Policies for all businesses you own or have an interest in.◆ Business Telephone Bills for the past six months for all business telephones.◆ Samples of Business Advertisements (e.g., in print, radio, television, Internet web page, telephone directory listing and ad, etc.).◆ Business Cards, Stationery (e.g., business letterhead). |
|---|---|

DATA SHEET FOR SELF-EMPLOYED**DEFENDANT'S FULL NAME****DOCKET NUMBER****SOCIAL SECURITY NUMBER**

In order to verify your self-employment, you are required to furnish all of the data/information below that are applicable to you and your business to the probation office.

DEFENDANT'S CURRENT ADDRESS**NUMBER AND STREET/APT****CITY/STATE/ZIP****TELEPHONE****PAGER NUMBER****MOBILE PHONE****BUSINESS INFORMATION****CHECK IF BUSINESS IS:**☐ INCORPORATED☐ A PARTNERSHIP☐ A SOLE PROPRIETORSHIP**NAME OF BUSINESS****BUSINESS ADDRESS****NUMBER AND STREET/APT****CITY/STATE/ZIP****TELEPHONE****NAME OF CORPORATION (IF INCORPORATED)****CORPORATE ADDRESS****NUMBER AND STREET/APT****CITY/STATE/ZIP****TELEPHONE****DATE INCORPORATED****STATE IN WHICH INCORPORATED**

List ALL OFFICERS and addresses (including telephone numbers), and SHARES held by each officer.

NAME OF OFFICER		SHARE(S)
NUMBER AND STREET/APT	CITY/STATE/ZIP	TELEPHONE

NAME OF OFFICER		SHARE(S)
NUMBER AND STREET/APT	CITY/STATE/ZIP	TELEPHONE

NAME OF OFFICER		SHARE(S)
NUMBER AND STREET/APT	CITY/STATE/ZIP	TELEPHONE

NAME OF OFFICER		SHARE(S)
NUMBER AND STREET/APT	CITY/STATE/ZIP	TELEPHONE

NAME OF OFFICER		SHARE(S)
NUMBER AND STREET/APT	CITY/STATE/ZIP	TELEPHONE

		NUMBER OF SHAREHOLDERS
--	--	-------------------------------

List ALL PARTNERS (if partnership) and addresses (including telephone numbers).

NAME OF PARTNER

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PARTNER

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PARTNER

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PARTNER

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PARTNER

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

List ALL NAMES and addresses OF PRINCIPALS (including telephone numbers).

NAME OF PRINCIPAL

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PRINCIPAL

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PRINCIPAL

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PRINCIPAL

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

NAME OF PRINCIPAL

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

**ADDITIONAL INFORMATION
TO BE ANSWERED IN ALL CASES**

NATURE OF BUSINESS (DOING BUSINESS AS ...)

PREMISES (BUILDINGS)	NUMBER OF FLOORS OF PREMISES
LOCATION	LOT SIZE
BUILDING TYPE (I.E., BRICK, WAREHOUSE, ETC.)	SQUARE FEET OF SPACE
ORIGINAL MORTGAGE	PURCHASE PRICE AND BALANCE
OWNED OR RENTED	CAPITAL INVESTED IN COMPANY
MORTGAGE PAYMENT	MONEY INVESTED BY PRINCIPALS
RENTAL PAYMENT	

NUMBER OF EMPLOYEES (EXCLUDING OFFICERS)	MONTHLY PAYROLL TO EMPLOYEES
---	-------------------------------------

INDIVIDUAL YEARLY SALARIES OF OFFICERS

PRESIDENT - \$	OTHER - \$
VICE PRESIDENT - \$	OTHER - \$
TREASURER - \$	OTHER - \$
SECRETARY - \$	OTHER - \$
TOTAL YEARLY SALARY OF OFFICERS - \$	

Describe ALL EQUIPMENT (kinds of machinery, trucks, hoists, cranes, etc.)

DESCRIPTION

1
2
3
4
5

(FOR ADDITIONAL SPACE, WRITE ON BACKSIDE OF PAGE)

VALUE OF EQUIPMENT NEW

1
2
3
4
5

MORTGAGE ON EQUIPMENT

1
2
3
4
5

(FOR ADDITIONAL SPACE, WRITE ON BACKSIDE OF PAGE)

VALUE OF EQUIPMENT IN PRESENT CONDITION

1
2
3
4
5

(FOR ADDITIONAL SPACE, WRITE ON BACKSIDE OF PAGE)

GROSS SALES LAST BUSINESS YEAR

GROSS SALES CURRENT YEAR

ESTIMATED NET PROFIT LAST BUSINESS YEAR

ESTIMATED NET PROFIT CURRENT YEAR

NAME OF BUSINESS ACCOUNTANT

ACCOUNTANT BUSINESS ADDRESS

NUMBER AND STREET/APT

CITY/STATE/ZIP

TELEPHONE

BANK ACCOUNTS USED BY YOUR BUSINESS (include name of bank, type of account, account numbers with current balances)

NAME OF INSTITUTION	ADDRESS (NUMBER AND STREET/APT, CITY/STATE/ZIP)	
TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

NAME OF INSTITUTION	ADDRESS (NUMBER AND STREET/APT, CITY/STATE/ZIP)	
TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

NAME OF INSTITUTION	ADDRESS (NUMBER AND STREET/APT, CITY/STATE/ZIP)	
TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

NAME OF INSTITUTION	ADDRESS (NUMBER AND STREET/APT, CITY/STATE/ZIP)	
TYPE OF ACCOUNT	ACCOUNT NUMBER	BALANCE

WARNING

False statements may result in revocation of probation, supervised release, or parole, in addition to 5 years imprisonment, a fine of \$250,000 or both (18 U.S.C. § 1001).

CERTIFICATION

I declare that I have examined the information given in this statement and, to the best of my knowledge and belief, it is true, correct, and complete.

SIGNATURE	DATE
------------------	-------------